

Child Welfare Reform Collaborative

Kickoff Meeting

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Deputy Cabinet Secretary, DHHR
November 5, 2018



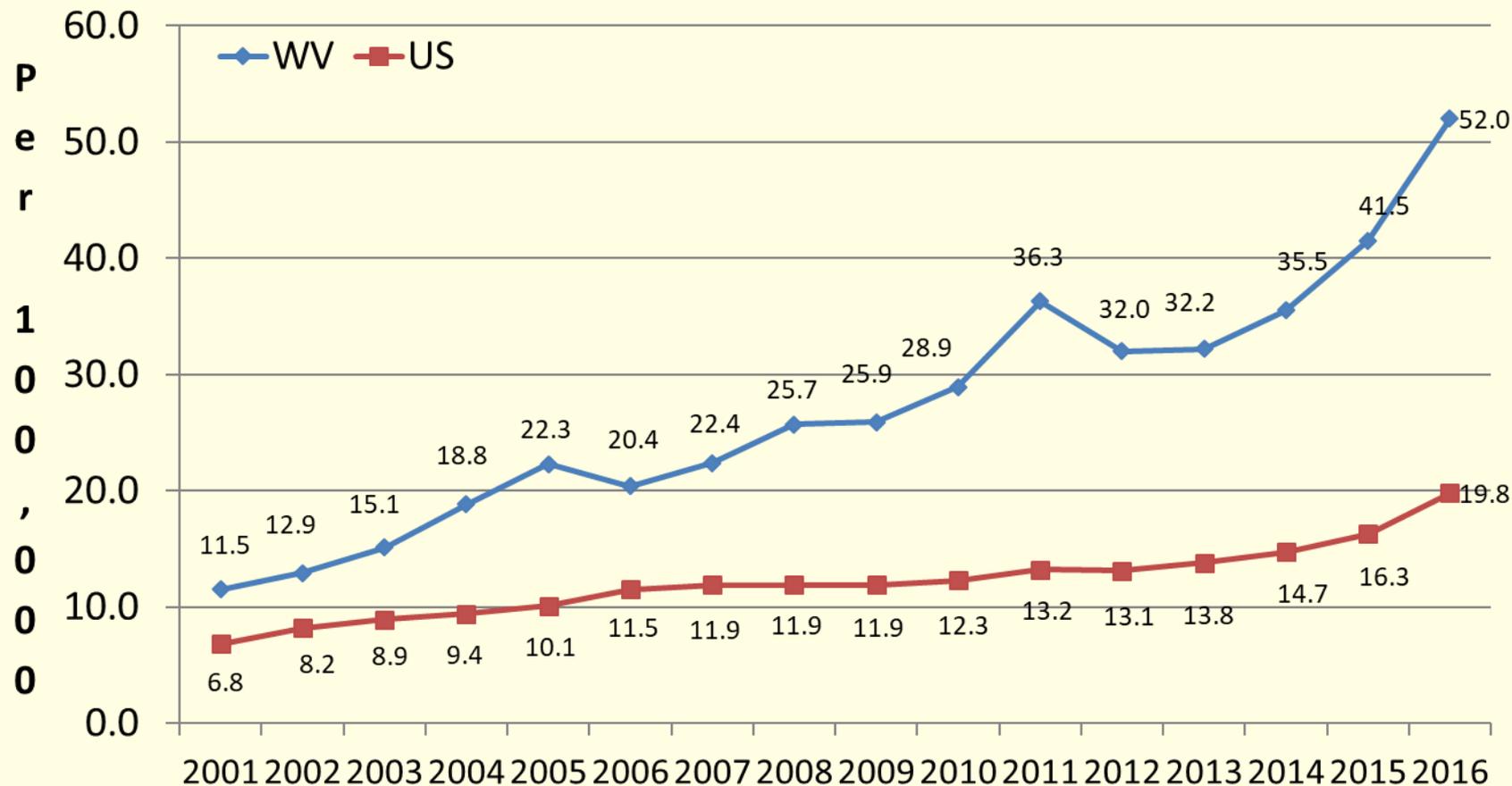
A Growing Crisis

WV is experiencing a child welfare crisis that is being driven by the drug epidemic

- 83% of open child abuse/neglect cases involve drugs
- Since 2014 the number of youth in the custody of the state has steadily increased. When comparing October 2014 with October 2017, there was a 46% increase.
- 22% increase in accepted abuse/neglect referrals over 3 years
- 34% increase in open CPS cases over 3 years
- Averaging 23% vacancy rate for CPS positions
- 63% of the children entering care are age 10 and younger
- WV is #1 in children removals nationally
- 43% of the children are in kinship/relative placements
- WV adoptions have increased 113% since 2005

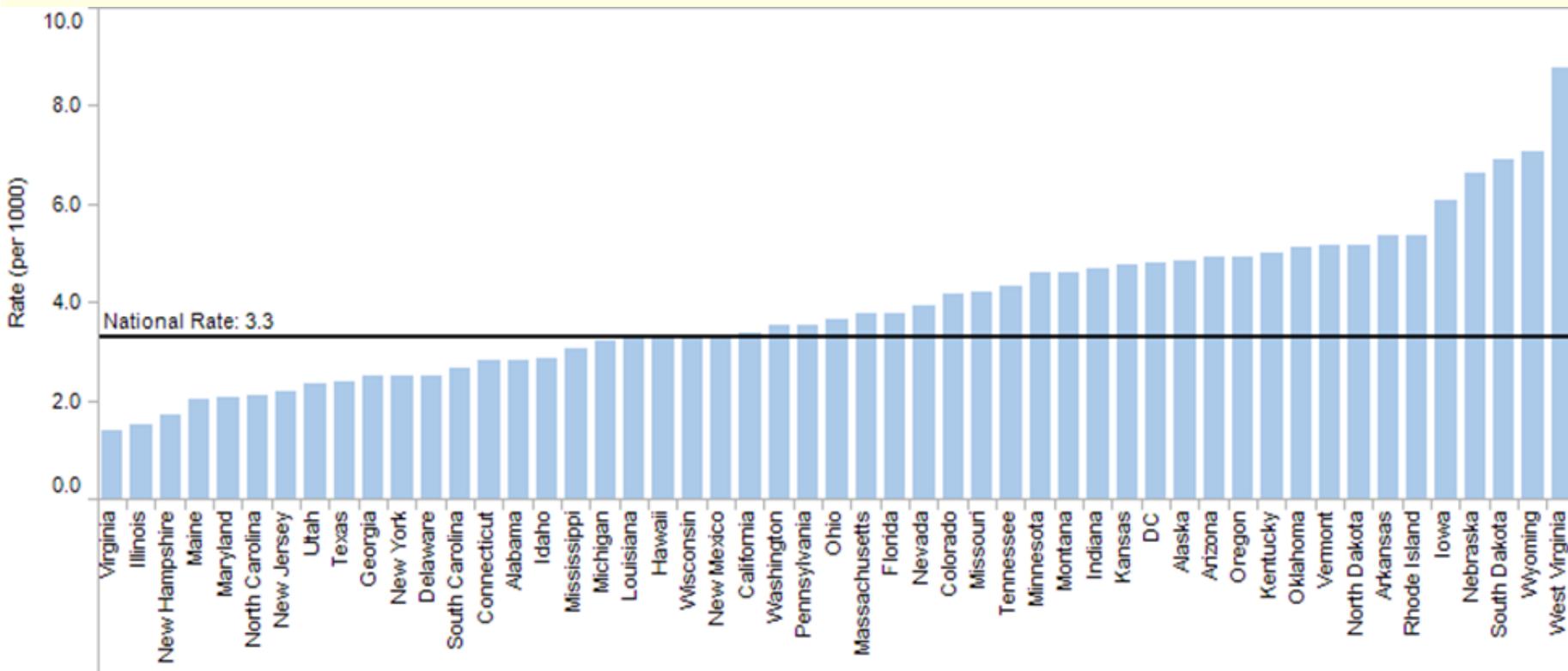
West Virginia versus United States

2001-2016 Resident Drug Overdose Mortality Rates West Virginia and United States



Data Source: WV Health Statistics Center, Vital Surveillance System and CDC Wonder
Rates are age-adjusted to the 2000 US Standard Million

Child Welfare Indicators: Children in Care



Source:

- 1) WV Bureau for Children and Families
- 2) Annie E. Casey Foundation

**“The best way to predict the future
is to create it.”**

~ Abraham Lincoln

Child Welfare Reform - 5 overarching objectives

1. Better serve youth in the Foster Care system by increasing the percentage of children in family home settings
2. Improve health care and behavioral health outcomes for youth by implementing care coordination strategies for children at risk of trauma
3. Improve juvenile care and placement
4. Enhance the availability of behavioral health options statewide by maintaining and expanding the availability of community-based Child Welfare programs
5. Engage stakeholders to drive change

Four major strategic initiatives currently underway will help to meet these objectives:

1. Implementation of requirements of the federal Family First Prevention Services Act (FFPSA)
2. Development of a Medicaid waiver for Children with Serious Emotional Disturbance (SED)
3. Procurement of a care management contract for the medical and behavioral health needs of children at risk
4. Child Protective Services workforce enhancement

Family First



Family First Prevention Services Act

- The FFPSA was signed into law in February 2018, as part of the Bipartisan Budget Act of 2018 (H.R. 1892).
- Family First is revolutionary and will require collaboration with public child welfare agencies, private child-serving agencies, behavioral health and substance abuse providers, the Court Improvement Project, local court jurisdictions, and children and families.
- Family First redirects federal Title IV-E funds to provide services to keep children safely with their families and out of foster care, and when foster care is needed allows federal reimbursement for care in family-based settings and certain residential treatment programs for children with emotional and behavioral disturbances requiring special treatment.
 - Starting in October 2019, states may claim Title IV-E reimbursement for certain services provided to the family without the child being removed from his or her home.

What does Family First allow?

- Family First provides for new Title IV-E funding for time-limited prevention services.

Types of services:

- Mental health and substance abuse prevention and treatment provided by a qualified clinician.
- In-home parent skill-based programs, parent education, and individual and family counseling in the home.

Duration:

- 12 months beginning on date of formal prevention plan; renewable.

Who is eligible for prevention services?

Candidates for foster care are:

- Children who are at imminent risk of removal.
- Children in foster care who are pregnant or parenting.
- Children for whom an adoption or guardianship arrangement is at risk of disruption.
- Caregivers of these children.

Prevention Plans for candidates for foster care:

- A written prevention plan which identifies the foster care prevention strategy so the child may remain safely out of foster care.
- The services or programs must be listed on the prevention plan, detailing how these services will assist in keeping the child safe.
- The prevention plan must comply with any other requirements that Health and Human Services (HHS) establishes.

Prevention services must meet evidenced-based requirements (promising, supported, or well-supported) to qualify for reimbursement.

- Guidance, including a pre-approved list of services and programs that satisfy the requirements, from the Secretary of HHS is expected late fall 2018.

Prevention services include:

- Mental health and substance abuse prevention and treatment; and
- In-home parent skill-based programs, parent education, and individual and family counseling in the home.

The duration for prevention activities is 12 months beginning on the date of the formal prevention plan; this could be renewable.

Some Family First guiding principles and required assurances include:

- No process or policy will promote children in foster care being inappropriately diagnosed with a mental illness or other disorder to support a non-family placement;
- All services and programs must be provided under an organizational structure and treatment framework that understands and recognizes the effects of all types of trauma and facilitates healing.

Under FFPSA, Title IV-E reimbursement is only allowable for:

- Qualified Residential Treatment Programs (QRTP); QRTP requires an independent evaluator, a 60-day court approval, and an accredited facility;
- Settings specializing in providing prenatal, post-partum, or parenting supports for youth;
- Supervised settings for youth who have attained 18 years of age where a youth can learn to live independently;
- Settings providing high-quality residential care and supportive services to children and youth who have been or are at risk of becoming sex trafficking victims; and
- Licensed residential family-based treatment facilities for substance abuse.

The State is waiting on additional program instructions for the following:

- Model Licensing Standards for Foster Family Homes – public comments for the proposed rule can be submitted to ACF late fall 2018.
- Annual Outcomes Report.
- Regional partnership grant program that assists families affected by substance abuse to focus on heroin, opioids, and other substance abuse – West Virginia currently has a regional partnership grant in place.

SED Waiver



Children with Serious Emotional Disturbance

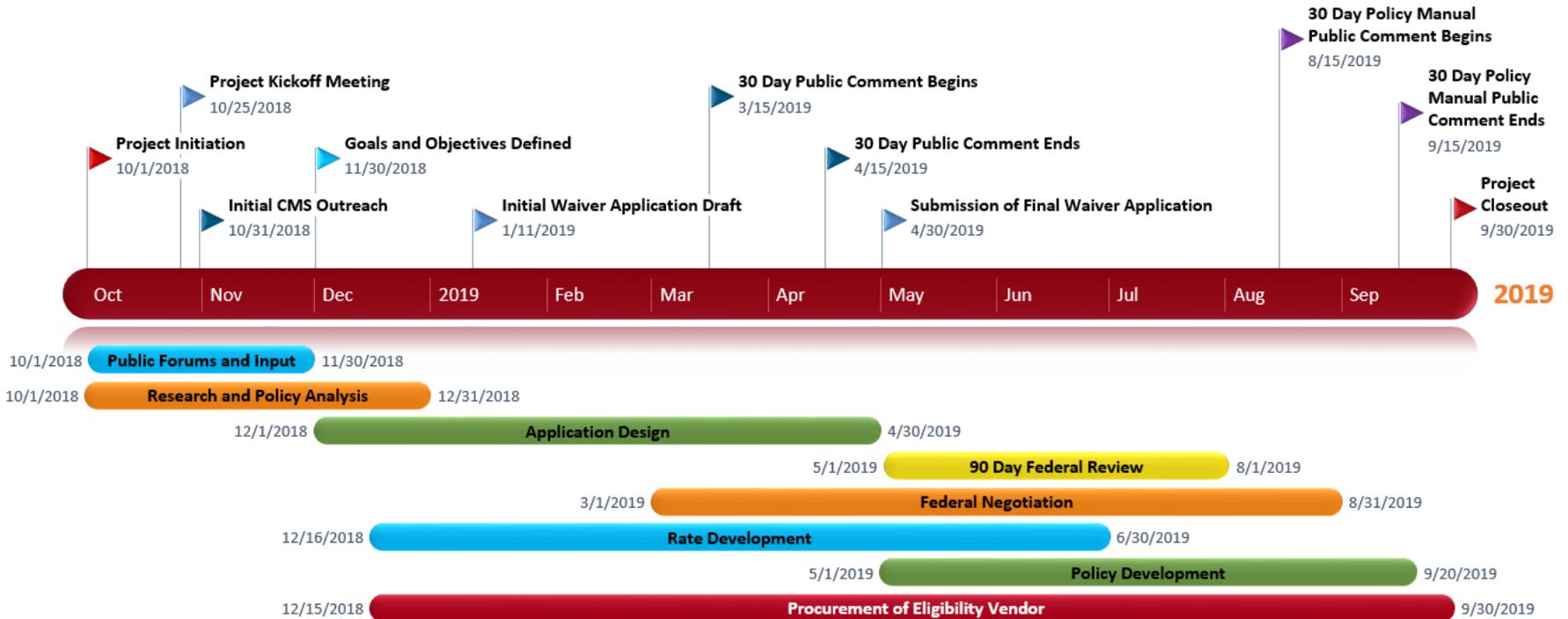
- The Bureau for Medical Services (BMS) is currently sponsoring a project to develop a waiver under the Home and Community-Based Services (HCBS) program authorized under 1915(c) of the Social Security Act for Children with Serious Emotional Disturbance (SED),
- The SED Waiver will provide services that are new additions to the Medicaid State Plan coverage for children with SED who are enrolled in the SED Waiver program, up to the child's 21st birthday.
- The SED Waiver will permit a targeted, individualized planning process developed by child and family teams to serve children who may be involved with multiple child-serving systems; who are at risk of out of home placement; and/or who are served through other mental health services and community-based options with limited success.

Potential SED Waiver Services

- Respite
- Child therapeutic foster care
- Community living supports
- Family support and training
- Service coordination
- Crisis intervention
- Direct behavioral support
- Family therapy

SED Waiver Timeline

Children with Serious Emotional Disturbance (SED) 1915(c) Waiver Proposed Project Timeline Draft



SED Waiver Community Forums

Beckley, WV

Tuesday, November 27

Raleigh County Commission on Aging

1614 S. Kanawha St.

Beckley, WV 25801

1:00 pm. – 2:30 p.m.

Parkersburg, WV

Wednesday November 28

Circuit Court Judicial Annex: Judge Black

Courthouse Annex

321 Market St.

Parkersburg, West Virginia 26101

10:00 a.m. – 11:30 a.m.

Morgantown, WV

Thursday, November 29

WVU Center for Excellence in

Disabilities

959 Hartman Run Rd.

Morgantown, West Virginia 26505

10:00 a.m. – 11:30 a.m.

Charleston, WV

Friday, November 30

Robert C. Byrd Health Science Center of

WVU Charleston

3110 MacCorkle Ave. SE

Charleston, WV 25304

9:00 a.m. – 10:30 a.m.

Care Management



DHHR is developing a solicitation for an array of services for children in foster care and children at risk of entering foster care.

- Links various Federal funding sources to maximize resources and ensure continuity to infrastructure developed.
- Manages social service needs and medical needs of children and families under one contractual arrangement.
- Builds in incentives and penalties to ensure that vendor accomplishes goals set forth.
- Creates additional resources for circuit judges, prosecutors, law enforcement and child protective services to maximize supports for children in need.

Care Management Goals in Child Welfare

- Improves coordination of wraparound and other services for children and parents to mitigate the number of children that need placement into state custody.
- Improves clinical oversight in order to move children into most appropriate care in least restrictive setting.
- Ensures that medical records follow a child wherever they receive services.
- Improves coordination with schools, judicial branch, medical providers, and social services so those endeavoring to help children have coordinated and up-to-date information.

What populations will be served?

- Foster children
- Adoptive children
- Children at risk of entering foster care (as defined by Family First)
- Parents of children in or at risk of entering foster care (as defined by Family First)

What services will be covered?

- Medicaid services
- Child Residential/Emergency Shelter Services
- Socially Necessary Services
- Wrap Around Services

CPS Workforce



CPS Reform Strategic Plan- 59 different projects, tasks being tracked in a PMO portfolio to ensure timely implementation.

- Improve recruitment and retention
- Improve CPS pay
- Improve compliance with the Federal Child Family Services Review (examples: permanency, reunification timelines)
- Reduce situations where children stay in offices or hotels in emergency situations
- Develop strategies to improve coordination between CPS and school systems for children experiencing trauma and children at risk

The Collaborative



Where do you come in?

- DHHR cannot carry out these systemic reforms in a vacuum.
- These efforts will take input and participation from all of us:
 - Foster and adoptive parents
 - Providers
 - Judiciary
 - Legislature
 - State and federal partners
 - ...and more.
- DHHR is open to any idea or concept that will protect and empower WV's children.

The Collaborative

- The system needs to grow organically in order to truly build the continuum of care WV's children need.
- But we need a common forum for sharing info and ideas.
- A listserv has been established for sharing news and coordinating efforts.
- A website is coming, which will feature news, events, info, questions and answers.
- Your participation is vital.

What should the collaborative look like?

- One model that has worked well in the past is subsidiary workgroups.
- Workgroups meet independently and bring ideas back to the larger group.
- Possible workgroups:
 - Residential placement reconfiguration (FFPSA)
 - Shelter care reconfiguration (FFPSA)
 - Community-based service development (FFPSA, SED)
 - Court engagement (FFPSA, SED, CPS)
 - Legislative affairs (FFPSA, SED, CPS)
- Would you like to help lead or participate in one of these groups? Let us know.

Contacts

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